



Coming Home 2 – The Mental Health Perspective from WRAMC

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Service Member Medical Evacuation

● Echelons of Care

- Echelon I Combat Unit Resources
- Echelon II Div Ment Hlth/Combat Stress Control (CSC) Team
- Echelon III Combat Support Hospitals (CSH)
- Echelon IV Hospital outside theater of operations (Landstuhl)
- Echelon V CONUS MEDCENS/civilian and DVA facilities

● SMs typically move through four or five levels before referral to VA Health System

● Multiple military and civilian agencies involved in the care of these returning service members

● Inherent challenges to continuity of care

Walter Reed Army Medical Center Psychiatric Casualties



WRAMC – Echelon V Care

Continuity of Care
from Landstuhl Regional
Medical Center in Germany

WRAMC one of seven
regional hubs

Providing definitive evalu-
ation

Ensuring definitive treatment

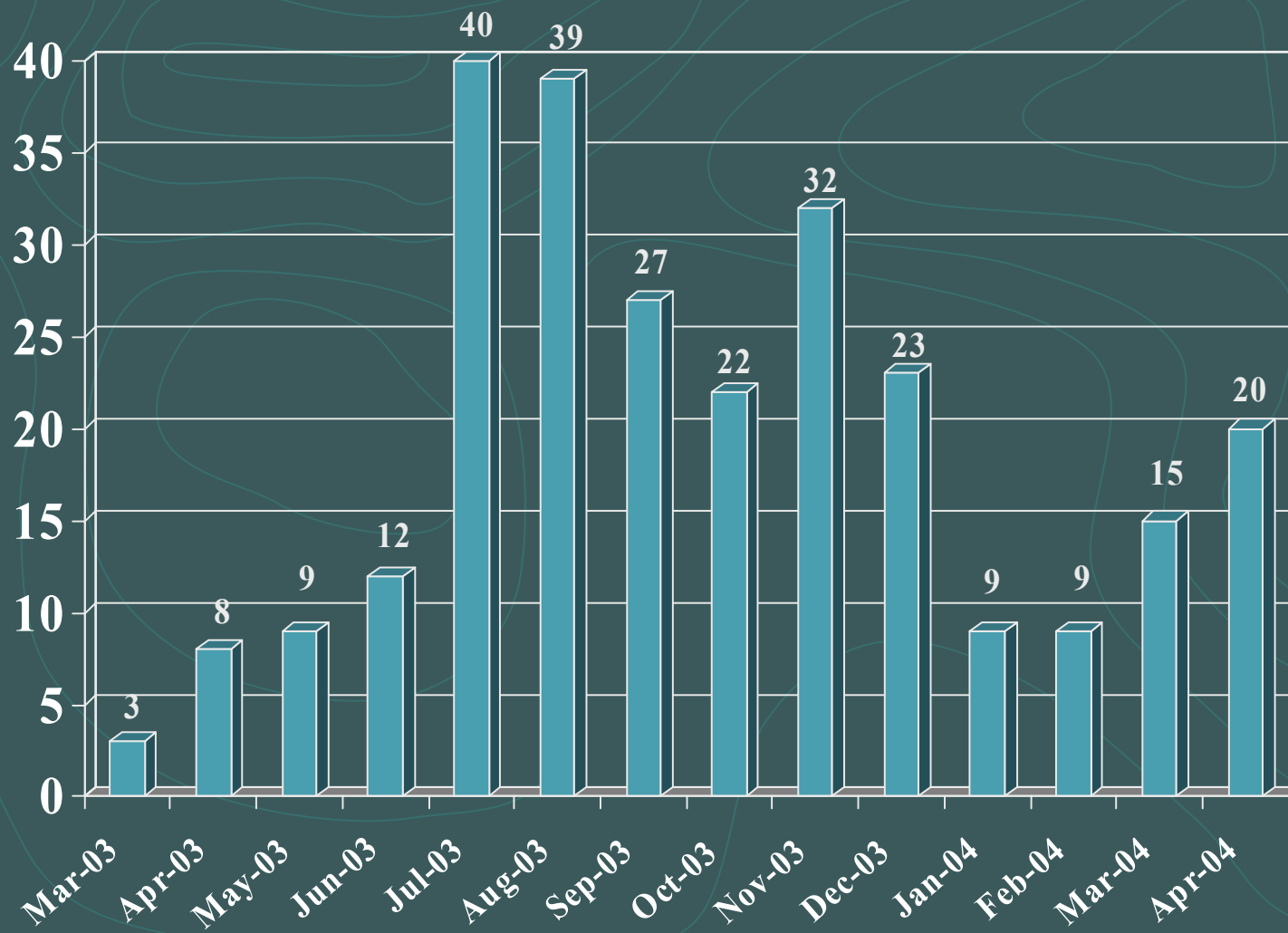
The Challenge: Tracking Service Member Patients

- Psychiatric evacuees from Landstuhl Regional Med Center
 - Most inpatient psychiatric transfers
 - Ambulatory psychiatric transfers to regional centers
- Reservist and National Guard mobilization/demob referrals
- Pre/post-deployment assessments for referred AD soldiers
- Length of stay at WRAMC varies from days to over 12 months
- Importance of communication and coordination

Walter Reed Army Medical Center

Evacuated Psychiatric Casualties

OIF/OEF Patients per month N = 268



Primary Diagnoses of Psychiatrically Evacuated Patients (n=268)

Depressive Disorder	70	~26%
Anxiety disorder	61	~23%
Adjustment Disorder	54	~20%
Bipolar Disorder	25	~9%
No Psy Diagnosis	25	~9%
Psychosis	15	~6%
Substance use only	4	~2%
Conversion	4	~2%
Other	10	~4%
TOTAL	268	100%

Anxiety Disorders and ASD/PTSD

Diagnosis	Total	Percent Total Dx (268)	Percent all Anxiety DO
ALL	61	~23%	100%
PTSD	34	~13%	56%
ASD	10	~4%	~16%
Other NOS (8) GAD (5) PANIC (4)	17	~6%	~3%

Walter Reed Army Medical Center Clinical Treatment

- Interdisciplinary therapies offered
 - Individual, group, psychoeducational, OT, Couples, Family, Medication Management
- Unique to OIF/OEF
 - War Zone Groups
 - Self Help groups; train soldiers how to run one
- Psychotherapeutic treatments include cognitive behavioral approaches with supportive involvement for more seriously ill soldiers
- Psychoeducation regarding future symptom development

Other At Risk Populations

- Battle injured and non battle injured
- Family members of injured
- Children of injured
- Health care providers

At Risk Populations – War Injured



Psychiatric Consultation Liaison Service Interventions with War Injured

- Population of seriously injured service members screened
 - 581 total; 451 Battle Injured (BI); 130 Non Battle Injured (NBI)
 - 115 Amputees
- Use of Therapeutic Intervention for the Prevention of Psychiatric Sequelae (TIPPS)
- Reduce stigma for mental health involvement
- Normalization of initial symptoms
- Development of therapeutic alliance

Psychiatric Consultation Liaison Service Interventions with War Injured

- Pharmacotherapy of pain and sleep problems
- Identification of diagnostic disorders
- Individual and group treatments
- Pharmacotherapy of psychiatric conditions
- Nurse case management tracking at 1, 3 and 6 months
- Preliminary findings suggest elevated symptoms 3 and 6 months times

At Risk Populations – Hospital Staff

Exposure to war injured

Unremitting pace of operations

Repetitive deployments for some subspecialties

Need to maintain infrastructure of military medical team



At Risk Populations – Family Members

Substantial stress to family members

Emotional impact of real or potential loss

Disruption of marital relationships

Potential negative impact on treatment plan



At Risk Populations – Children

Disruption to child's life through parental illness or injury

Unclear preparation of child to parental injury or communication about illness

Potential disruption of effective parenting



Challenges in Seamless Transition of Care

- Some service members may underreport symptoms and show less interest/cooperation in clinical treatment services
- Confront barriers to care: stigma to mental health, psychological factors, impact of illness, environmental factors
- Symptom expression may be more severe later in the clinical course (when fewer therapeutic services available)
- Importance of maintaining relationships through ongoing case management of high risk service members and families

